U.S. Department of Labor Office of Labor Management
Stundards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For	Official Use Cinty
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11068		2. Fiscal Year Covered From:	2. Fiscal Year Covered From:			
		1 / 1 / 2004	Through: 12 / 31 / 2004			
Name and address of person filing.		4. Name, file number, and address	of labor organization.			
Name Stacey L S	almon	Name Western MO & KS	Laborers' District Council			
		Labor Organization File Number	042-766			
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Nu	umber, if any			
Street 3144 3ay Dr.		Street 1101 E. 87th St.	, Ste 102			
City Joplin		City Kansas City				
State Missouri	ZIP Code + 4 64804	State Missouri	ZIP Code + 4 64131			
5. Position in labor organization.  Bus . 1	Mgr./SecTr.					

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) wi monetary value from an employer whose employees your orga	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	

## Signature

<ol><li>Signature and verification. The undersigned declares, under penalty</li></ol>	of Perjury a	nd other applicable إ	cenalties of the law, that all of the information
submitted in this report (including the information contained in any accompa	anying docur	nents), has been ex	amined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the	section on p	enalties in the Instru	ictions.)
$a \cdot a \cdot 1$			
Signed Lacy L Salmon		0/20/0005	
Signed Signed Signed	On	8/12/2005	816-523-1919
<del>/==</del>		Data	Tolophone Number
\		Date	Telephone Number

Form LM-30 (2003)

Name of Person Filing Stacey Salmon	File Number <b>U</b> -		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Construction Industry Laborers Training Fund  Trade Name, if any:	a. Labor Organiza: on  b. Trust  c. Employer		
P.O. Box, Bldg., Room No., if any			
Street 21201 South Mullen Road  City Belton	_		
State Missouri ZIP Code + 4 64012			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	ng.	
Name	Construction Industry Laborers Training Fund provides programs of pre-job training, retraining and upgrading of personnel employed in the construction industry.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	June 4, 2004		
	Attended the Appre	enticeship Graduation Dinner	
	12.b. Amount.	\$57	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room Nc., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing Stacey Salmon		File Number U-	

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and acdress of Business (including trade name, if any).	9. Business deals with:		
Name Construction Industry Laborers Training Fund	a. Labor Organization		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 21201 South Mullen Road	c. Employer		
City Belton			
State Missouri ZIP Code + 4 64012			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Construction Industry Laborers' Training Fund provides programs of pre-job training, retraining		
Trade Name, if any:	and upgrading of personnel employed in the construction industry.		
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4	11.b. Approximate dollar vэlue of such dealing.		
	12.a. Nature of interest held or income received.		
	1/18/2004 - 1/21/2004		
	Attended the Tri Punds Conference in Orlando, Florida. My expenses were paid for by the Construction Industry Laborers' Training Fund, of which I was an alternate trustee.		
	12.b. Amount. \$1,691		

August 12, 2005

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U.S. Department of Labor :
Employee Standards Administration Office of Labor-Management Standards 200 Constitution Ave., NW Room N-5616 Washington, D.C. 20210

RE: Form LM-30 Filing for Stacey L. Salmon, Western Missouri & Kansas Laborers' District Council, Labor Organization File No. 042-766

## Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all my available 2004 records, as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record or any present specific recollection. In accordance with you guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

Stacey L. Salmon